

2019

Medicare Plan Enrollment Guide



Step-by-step

This is your handy guide for choosing a Medicare plan

Stay where you are

If you're happy with your plan, don't do anything

Your options

If you are Medicare-covered, you must join a Medicare plan

2018 Medicare Plan Enrollment

Table of Contents

Prescription Coverage	Pg 4
HMO Plans	Pg 5
- Cigna HealthSpring HMO	
- TexanPlus HMO	
- KelseyCare Advantage HMO	
Aetna Steerage PPO	Pg 9
Medicare Supplement Plan F	Pg 11
Frequently asked questions	Pg 13

Your options during this open enrollment

- Do nothing and remain in the Medicare plan you are in now.
- Enroll in a Medicare plan for yourself and/or your Medicare-covered dependents.
- Switch plans for yourself and/or your Medicare-covered dependents.
- Opt out of city coverage.

What's new?

- Rates have changed in some plans.
- There are plan design changes for HMO plans.
- No plan design changes to the Aetna PPO or Medicare Supplement Plan F.

Contacts

For more information or to request a Medicare plan enrollment package from Aetna, KelseyCare, TexanPlus, Cigna HealthSpring, or UnitedHealthcare, call the customer-service numbers below.

aetnaSM

888-267-2637

Dedicated for COH membership
www.aetnamedicare.com

TexanPlus[®] HMO

A WellCare Company

866-556-4607 Enrollment
866-230-2513 Member Services
www.texanplus.com

UnitedHealthcare[®]
Healing health care. Together.[™]

AARP

800-392-7537 Enrollment
800-523-5800 Member Services

Rx Plan

888-556-6648
www.uhcretiree.com

KelseyCare Advantage

713-442-9540 Member Services
713-442-5646 Sales
www.kelseycareadvantage.com/coh

Cigna HealthSpring

888-281-7867
www.texashealthspring.com

Human Resources Benefits

(P) 832-393-6000 | (F) 832-395-9409

retireebenefits@houston.tx.gov | www.houstonhumanresources.org



FAQ:

- Q:** If I choose a plan and decide I would like to change to a different Medicare plan, do I have to wait until the next open enrollment period to change?
- A:** No. You may change plans effective the first of any month. To ensure you receive your ID card before your coverage becomes effective, HR Benefits should receive your application by the 15th of the current month. Applications received by the last day of the month will still be effective on the first day of the next month. You will receive your ID card about 3 weeks after coverage is effective.

Medicare plans monthly contributions

Aetna Steerage PPO	\$100
Medicare Supplement Plan F with prescription drug plan*	\$116
Cigna HealthSpring	\$29
KelseyCare Advantage HMO	\$49
TexanPlus HMO	\$24

*Excludes disabled members under age 65

**Save money
with one of these
plans today!**

Plan Highlights

Which plan is best for me?

HMO Plans

- Cigna HealthSpring HMO
- TexanPlus HMO
- KelseyCare Advantage HMO

Low-cost, great care. These three plans offer you low premiums and copayments – you can pay as little as \$24 a month for coverage, and copayments for primary-care services are between \$0 and \$10. But you have to stay within a network for services and must select a primary-care physician to coordinate your care.

These are high-quality doctors who will get to know you and your ailments well, and who are close by where you live. Service areas vary by plan. Available networks include Kelsey-Seybold, Renaissance, Memorial Clinical Associates, Heritage and independent doctors. If you don't mind having your coverage access limited to a local network of doctors, and you want to save money, turn to page 5 to compare these different limited-network plans.

Aetna Steerage PPO

Room to stretch your wings. This plan gives you greater flexibility. You select a network for coverage but have the freedom to see doctors outside your network, for a higher cost.

This plan costs a little more than the HMO plans - but is still affordable at \$100 a month. If you want to balance a little more freedom to choose a doctor near your grandkids with paying a little more, turn to page 9 for a summary of this plan's benefits.

Medicare Supplement Plan F

Unfettered freedom! But, freedom comes with a price. This plan allows you to go to doctors nationwide, but it has a slightly higher monthly contribution than the HMO plans. Plan F pays most out-of-pocket expenses for Medicare-approved services not paid by Original Medicare.

If freedom to choose any doctor who will accept traditional Medicare is more important to you than the price tag of the plan, turn to page 11 for more details.

Who's eligible?

To enroll in a Medicare plan, you must meet all three of the following requirements:

- Be a city retiree, dependent or survivor covered under a city medical plan.
- Pay the required premium to the city.
- Be enrolled for coverage in Medicare Part A, hospital insurance, and Part B, medical insurance.

There is no waiting period, and you cannot be turned down for coverage for a pre-existing health condition. Exceptions apply for those with end-stage renal disease (ESRD).

If you previously opted out of a plan and you are Medicare-covered, you may opt in at this time.

Health Note:

If you have end-stage renal disease, you cannot enroll in KelseyCare, TexanPlus, or Cigna HealthSpring. You can enroll in the Aetna plan if you've had ESRD for at least 30 months. If you are over 65 with Medicare Parts A and B and you have ESRD, you can enroll in Medicare supplement plan F or you may retain a Cigna plan. However, if you have ESRD and are already in a Medicare plan, you may not enroll in any other Medicare HMO or Cigna.

Prescription Coverage

All five of the city's Medicare plans offer prescription benefits more generous than Medicare Part D. The Medicare Supplement Plan F provides a companion drug plan that offers benefits equal to the other plans.

You'll enjoy one of the richest prescription benefits around – fixed copayments for most covered prescriptions.

Each plan has a different formulary list of covered drugs. The drug formulary established by Medicare for 2018 serves as the model for Medicare plan formularies. You received a formulary list when you enrolled in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan's website, or see the chart below. (See page 1 for plan contact information.)

FAQ:

Which pharmacies can I use in the Medicare plans?

A: CVS, Walgreens, Walmart, Kroger – and all your other favorite major pharmacy chains. With the Medicare plans, you have a lot of options. But, with a KelseyCare plan, you will pay less if you use Walmart, Sam's Club, Kelsey-Seybold, HEB, or CVS pharmacies.

Prescription Copayments

	KelseyCare Advantage HMO***	TexanPlus	Cigna HealthSpring	Aetna Steerage PPO	Medicare Supplement Plan F
Participating retail pharmacy 30-day/31-day supply					
Preferred generic	\$10	\$10	\$10	\$5*	\$10
Non-preferred generic	\$30	\$15	\$10	\$20	-
Preferred brand	\$30	\$40	\$30	\$40	\$30
Non-preferred brand	\$45	\$55	\$45	\$75	\$65
Specialty drugs	\$75	\$75	\$45**	\$75	\$65**
Medicare Part B drugs	15% up to \$3,400	10% up to \$3,400	15% up to \$2,500	100% with \$0 copay	100% with \$0 copay
Participating retail pharmacy 90-day supply					
Preferred generic	\$30	\$25	\$30	\$10	\$20
Non-preferred generic	\$90	\$37.50	\$30	\$40	-
Preferred brand	\$90	\$100	\$90	\$80	\$60
Non-preferred brand	\$135	\$137.50	\$135	\$150	\$130
Specialty drugs	-	N/A	-	\$150	\$130**
Mail-order pharmacy 90-day supply					
Preferred generic	-	\$10	\$20	-	-
Non-preferred generic	-	\$15	\$20	-	-
Preferred brand	-	\$80	\$60	-	-
Non-preferred brand	-	\$110	\$90	-	-

* Some preferred generics are less than \$5. In the formulary, these generics are listed as Tier 1 preferred generics.

** Prior authorization required.

*** Prescriptions filled by out-of-network pharmacies will be \$5 more per prescription. Preferred pharmacies are: Walmart, Sam's Club, Kelsey-Seybold and H-E-B.

HMO Plans

Key features:

KelseyCare Advantage HMO	TexanPlus HMO	Cigna HealthSpring HMO
KelseyCare is a good low-cost option for those with Kelsey-Seybold docs.	The plus is the low-cost of this quality plan, a great savings opportunity for retirees who live in Houston and southeast Texas.	A great opportunity for those who live in Houston, southeast and east Texas, and parts of the Valley.
Kelsey-Seybold physicians are in 20 locations in the greater Houston area. You can join a Kelsey plan if you reside in Brazoria, Chambers, Harris, Ft. Bend, Montgomery, Galveston, Liberty and Waller counties.	Physician networks in 12 Texas counties. Austin, Brazoria, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, and Waller.	Physician networks in Texas counties. Angelina, Bexar, Brazoria, Cameron, Chambers, Cherokee, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Grayson, Gregg, Hardin, Harris, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Liberty, Lubbock, Montgomery, Nacogdoches, Newton, Orange, Parker, Polk, Rains, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wise, Wood
You don't need a primary-care physician, and you don't need a referral to see a network specialist. \$0 copayment for PCP visits. \$15 copayment for specialist visits. Worldwide emergency care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP visits cost \$0. Specialist visits cost \$35 Worldwide emergency and urgent care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP Visits cost \$10. Specialist visits cost \$25. Worldwide emergency care \$120 copay
Medicare Part B drugs covered with a 15 percent coinsurance, to \$3,400. After that, KelseyCare will pay for Part B drugs at 100 percent.	Medicare Part B drugs covered with a 10 percent coinsurance, to \$3,400. After that, TexanPlus will pay for Part B drugs at 100 percent.	Medicare Part B drugs are covered with a 15 percent coinsurance, to \$2,500. After that, Cigna HealthSpring will pay for Part B drugs at 100 percent. All of your medical and pharmacy Part B claims apply to the \$2,500 out-of-pocket maximum.
\$50 towards the purchase of eyewear and hearing aid discounts. Up to 20 free rides (10 round trips) to medical appointments. \$0 for PCP E-visits and \$10 for Specialist E-visits. \$0 for PCP video visits and \$15 for Specialist video visits. Silver Sneakers fitness benefits at no cost to members.	Extra benefits include discounts on dental services, eye exams and lenses. Silver & Fit fitness program no Membership Fee to gyms like YMCA, 24 hour Fitness and more. \$10 Copay for Home Fitness Kit. Up to 30 free one-way trips to plan-approved location every year.	Extra benefits include one free eye exam per year and up to \$100 towards purchase of eyewear every year. 14 free meals delivered to members home after discharge from qualified hospital stays (3 times per year) Silver & Fit fitness benefit at \$0 cost to members. Up to 30 free rides (15 round trips) to the doctor, pharmacy or hospital per year.

HMO Plans

Use the chart below to compare plan features and time-of-service costs. This is a brief comparison of covered features. Be sure to use the expanded comparison chart to see all the features.

Time of service costs comparison						
Plan feature	What you pay					
	KelseyCare Advantage HMO**		TexanPlus		Cigna HealthSpring	
Deductible (Individual/Family)	N/A		N/A		N/A	
PCP office visit copayment	\$0		\$0		\$10	
Specialist office visit copayment	\$15		\$35		\$25	
Routine physical copayment	\$0		\$0		\$0	
Well woman/man exam	\$0		\$0		\$0	
Inpatient copayment/coinsurance	\$300		\$325		\$275	
Emergency room	\$50		\$100		\$100	
Urgent care center	\$50		\$25		\$40	
Ambulance	\$100		\$150		\$100	
Outpatient surgery - Ambulatory surgical center	\$150		\$50		\$200	
Outpatient surgery - Hospital	\$175		\$150		\$200	
Prescriptions	30-day supply	90-day supply retail	30-day supply	90-day supply retail	30-day supply	90-day supply retail
Preferred generic	\$10	\$30	\$10	\$25	\$10	\$20
Non-preferred generic	\$30	\$90	\$15	\$37.50	\$10	\$30
Preferred brand	\$30	\$90	\$40	\$100	\$30	\$90
Non-preferred brand	\$45	\$135	\$55	\$137.50	\$45	\$135
Specialty drugs	\$75	-	\$75	-	\$45*	-

* Prior authorization required.

** Prescriptions filled by out-of-network pharmacies will be \$5 more per prescription. Preferred pharmacies are: Walmart, Sam's Club, Kelsey-Seybold, CVS and H-E-B.

Health Note:

How to get your maintenance medications for less with TexanPlus and Cigna HealthSpring

If you are on maintenance medication that you will be taking for more than 30 days, you should try the mail-order drug plan. It's convenient and saves you money. You can order over the phone or online and receive a three-month supply of your medication for reduced copayment. If you are using a preferred or non-preferred drug, the mail-order plan can save you \$180 - \$200 a year per prescription.

HMO Plans

The chart below shows the networks available in each of the HMO plans. TexanPlus and Cigna HealthSpring require you to select a PCP to direct your care. To see if your preferred physicians are in one of the networks, use the contact information on page 1.

Doctor groups for HMO plans			
Physician Group	KelseyCare Advantage HMO	TexanPlus HMO	Cigna HealthSpring HMO
Beeler-Manske Clinic		X	
Brazoria County Network		X	X
Brazosport Regional Health System			X
Clear Creek Clinic			X
CyFair IPA		X	
Family Practice Associates			X
Gulf Coast LPO		X	
Heritage		X	
Houston Regional IPA		X	
North Central LPO		X	
Independent Physicians			X
Katy Medical Group IPA		X	
Kelsey-Seybold (20 clinics)	X	X	
Memorial Clinical Associates		X	
Methodist Physicians		X	
Millennium IPA		X	
Montgomery Harris Area Physicians IPA		X	
Northwest Diagnostic Clinic		X	
Pasadena LPO		X	
Physicians of East Texas			X
Physicians of Sugar Creek		X	
Pinnacle Physician Management Organization IPA		X	
Renaissance			X
Senior Care IPA		X	
Southeast Regional LPO		X	
Southwest LPO		X	
Tomball Network		X	
UT Physicians		X	
Village Family Practice		X	X
West LPO		X	

HMO Plans

The chart below shows the hospitals in the Houston area available in each of the limited network plans. For a complete list, check the websites or call one of the numbers in the contact box on page 1. In an emergency, you can seek treatment at any hospital, but you may be transferred to a network facility as soon as your condition is stabilized.

In-network hospitals for HMO plans			
Hospital	KelseyCare Advantage HMO	TexanPlus HMO	Cigna HealthSpring HMO
Angleton Danbury Medical Center		X	
Apollo Hospital		X	
Bay Area Regional Medical Center		X	
Bayshore Medical Center		X	X
Brazosport Regional Health System		X	
Clearlake Regional Medical Center		X	X
East Houston Medical Center		X	X
Conroe Regional Medical Center		X	
Cypress		X	X
Houston Northwest Medical Center		X	X
Kingwood Medical Center		X	X
Mainland Medical Center		X	X
M.D. Anderson Cancer Center	X*		
Memorial Hermann Hospital System	X	X	X
Park Plaza		X	X
St. Joseph Medical Center		X	X
St. Joseph Medical Center - Heights		X	X
St. Luke's Hospital System	X	X	X
Spring Branch Medical Center			X
Tomball Regional Medical Center	X	X	X
TOPS Surgical Hospital		X	
University General Hospital		X	
UTMB Galveston		X	
West Houston Medical Center		X	X
Woman's Hospital of TX	X	X	X

* By referral only on a case by case basis

Health Note:

If one of the HMO plans doesn't work for your needs - turn the page. You've also got a choice of a PPO or Medigap plan.

Aetna Steerage PPO

Key features:

- Nationwide coverage.
- The Texas network spans 55 counties: Atascosa, Austin, Bandera, Bastrop, Bexar, Bee, Brazoria, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Galveston, Grimes, Guadalupe, Hardin, Harris, Hays, Henderson, Hill, Hood, Hopkins, Jefferson, Johnson, Kendall, Liberty, Matagorda, Medina, Montague, Montgomery, Navarro, Nueces, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Somervell, Tarrant, Travis, Van zandt, Walker, Waller, Wharton, Williamson, Wilson.
- There are many networks across the U.S., so check with Aetna to find out the available network doctors.
- You don't have to select a primary-care physician, but it is recommended that you have one. No referrals are needed for specialists.
- \$20 copayment for most in-network services. Specialist copayments are \$20.
- 20% coinsurance for most out-of-network services.
- Gives you flexibility to visit doctors and hospitals of your choice as long as they are licensed by and accept payment from Medicare and the Aetna Steerage PPO.
- Worldwide emergency care is available.
- Medicare Part B drugs are covered at 100 percent with a \$0 copayment.
- Free healthy lifestyle coaching, and vision and hearing discounts.

With the Aetna Steerage PPO you'll pay lower time-of-service payments when you stay in network. Out of network services are available, but you'll pay a coinsurance percentage instead of a copayment - 20% coinsurance in most cases.

Members who live outside a network service area will continue to pay the in-network costs, even for out-of-network services.

Use the chart below to see plan features and time-of-service costs. This is a brief comparison of covered features. Be sure to use the expanded Aetna Steerage PPO comparison chart online at www.houstonhumanresources.org to see all the features.

Time-of-service costs comparison

Plan feature	What you pay	
	In-network	Out-of-network
Deductible (Individual/Family)	\$150	\$150
PCP office visit copayment	\$20	20%
Specialist office visit copayment	\$20	20%
Routine physical copayment	\$0	20%
Well woman/man exam	\$0	20%
Inpatient copayment/coinsurance	\$250	20%
Emergency room	\$80	\$80
Ambulance	\$20	20%
Outpatient surgery	\$0	20%
Prescriptions participating pharmacy	30-day supply	90-day supply
Preferred generic	\$5*	\$10
Non-preferred generic	\$20	\$40
Preferred brand	\$40	\$80
Non-preferred brand	\$75	\$150
Specialty drugs	\$75	\$150

* Some preferred generics are less than \$5. In the formulary, these generics are listed as Tier 1 preferred generics.

Listed below are in-network hospitals for the Aetna Steerage PPO. Out-of-network hospitals require 20% coinsurance. For a complete list, check the websites or call one of the numbers in the contact box on page 1. In an emergency, you may seek treatment at any hospital.

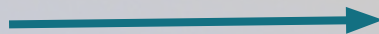
In-network hospitals for Aetna Steerage PPO

Angleton Danbury Medical Center	X
Bayshore Medical Center	X
Brazosport Regional Health System	X
CHRISTUS St. Catherine	X
CHRISTUS St. John	X
Clear Lake Regional Medical Center	X
East Houston Medical Center	X
Houston Northwest Medical Center	X
Kingwood Medical Center	X
Mainland Medical Center	X
M.D. Anderson Cancer Center	X*
Memorial Hermann Hospital System	X
Methodist Hospital	X
Park Plaza	X
St. Joseph Medical Center	X
St. Luke's Episcopal Hospital	X
St. Luke's - Woodlands	X
St. Luke's - Sugarland	X
Spring Branch Medical Center	X
Tomball Regional Hospital	
West Houston Medical Center	X
Woman's Hospital of TX	

* By referral on a case-by-case basis.

Health Note:

If an HMO or PPO plan doesn't work for your needs - look to the next page. You have one more option.



Medicare Supplement Plan F

Key features:

- Nationwide coverage.
- There's no need to join a network. Just keep your same doctor.
- You do not have to select a primary-care physician.
- Covers nearly everything that is covered by Original Medicare with very little, if any, out-of-pocket charges at the time of service.
- Pays deductibles and the 20 percent coinsurance that are your share of Medicare-approved expenses.
- It covers the Part A hospitalization deductible and coinsurance plus coverage for an additional 365 days of hospital care after regular Medicare coverage ends.
- Worldwide emergency care is available. There is a \$50,000 lifetime maximum for coverage outside the U.S.
- Prescription copayments are \$10/\$30/\$65.

Medicare is a good program. But it doesn't cover all your expenses. The Medicare supplement insurance plan picks up a lot of that slack by covering many of those expenses that Original Medicare doesn't pay.

In a Medicare supplement plan (also known as "Medigap"), Original Medicare continues to be your primary provider of Medicare-covered medical services, and the supplement plan fills in most "gaps" not paid for by Original Medicare (Parts A and B).

The city offers one Medigap plan, Medicare Supplement Plan F.

Drug Coverage

Your prescription plan provides you with a 30-day supply of your prescription drugs at most well-known pharmacies. The mail order benefit provides you with a 90-day supply for two-months copayment. See page 4.



Enrolling in a Plan

Eligibility

As a retiree, you are eligible for coverage if:

- you are covered by Medicare Parts A and B; and
- you are covered by a city health plan; or
- you were covered by a city medical plan on Jan. 1, 2010, and filed paperwork to opt out of a city plan. You may elect to re-enroll (opt back in) during this enrollment period. If you have Medicare Parts A and B, you can only opt back into a city-sponsored Medicare plan.

Electing a Medicare Plan

You may change plans during the Medicare annual enrollment in December (for Jan. 1), or you may elect to join a plan on the first of any month. For coverage to be effective on the first of the next month, Benefits must receive your application before the end of the previous month. Remember, to have city medical coverage when you or your dependent becomes Medicare eligible, you must enroll in Medicare A and B and elect a city-sponsored Medicare plan. Here's how it works:

- Request an enrollment packet from the City of Houston Benefits Division for each person who wants to enroll in a plan. Contact information is on page 1. Each Medicare-covered person must join a Medicare plan.
- Enrollment forms will be in the packet.
- Each person must complete, sign, date and return all copies of an enrollment application and statement of understanding for the plan elected.
- You must also complete the City of Houston Medicare plan enrollment form. This form will keep your dependents' coverage in Cigna, and it will help ensure you pay the correct health-care premium. Keep the last page for your records.
- Use the City of Houston postage-paid return envelope to return all of your forms to Benefits before Dec. 31 for coverage to be effective Jan. 1, 2019. If you don't use the envelope, mail forms to the address to the right.

Forms:

1. To get enrollment forms, visit cityofhoustonbenefits.org and go to the library to download a pdf.
2. Call Benefits at 832-393-6000 and request a form to be mailed to you.

Disenrolling from a Medicare Plan

You may choose to disenroll from a Medicare plan on the last day of any month and enroll in a new plan on the first day of the next month. Here's what you need to do:

- Each person who wants to disenroll from a Medicare plan must complete a City of Houston Medicare plan disenrollment form.
- The retiree must complete a City of Houston retiree medical election form to enroll in another Medicare plan for any dependent or himself. And you must complete an enrollment application for the new plan.
- Request these forms from HR Benefits, 832-393-6000. If a person wants to elect another Medicare plan, request the enrollment application from Benefits or request the new plan send an enrollment packet for each person who wants to enroll.

Send all completed forms to:

City of Houston
Human Resources Benefits Division
P.O. Box 248
Houston, TX 77001

Benefits must receive your forms by the end of the month for coverage to be effective on the first of the next month.

Frequently Asked Questions:

Q: If my spouse or I am eligible to join a Medicare Advantage plan and one of us is not, will the non-Medicare-covered member still have insurance coverage?

A: Yes. You or your spouse who is not eligible to join a Medicare Advantage plan will keep your Cigna coverage.

Q: If I did not earn enough credits to be covered by Medicare, or I didn't pay into the Social Security system for Medicare entitlement, what coverage will I have after age 65?

A: You may retain coverage under a Cigna plan, but the coverage will be at a higher rate.

Q: I am comfortable with my PCP and receiving my care within a limited network. My spouse prefers freedom to see specialists of her choice, without restriction of a network. Can each of us have a different Medicare plan?

A: Yes, you may each elect a separate plan.

Q: Which plan is best for me?

A: As you review the plan materials, you should consider your own medical situation, like your PCP, specialist and the prescriptions you take. Check to see which networks your doctors are in and if your prescriptions are covered by that plan's formulary and in which copayment tier they fall.

Q: I'm Medicare-eligible but do not have Medicare Part B. What are my options?

A: Retirees without Medicare Part B are able to remain on a Cigna plan provided they submit a copy of the letter from Medicare showing that they are not eligible for Part B.

NOTE: Retirees who do not have Medicare Part B will pay a higher contribution.

Apply for Medicare through the Social Security Administration by contacting them at 800-771-1213 or www.Medicare.gov.

If you are eligible for Part B but declined Part B, you must apply during the annual Medicare enrollment, January - March. Coverage will be effective July 1. If you don't apply, you will become ineligible for a Cigna plan.

Q: I'm retired, and I turn 65 in November, making me Medicare eligible. Do I have to wait until spring open enrollment to switch to a Medicare plan?

A. No. Eligibility for Medicare Parts A and B starts on the first day of the month in which you turn 65, or if your birthday is on the first of the month, on the first day of the prior month. You should start the paperwork to enroll in Medicare two to three months in advance.



Once you receive your Medicare card or acceptance letter, you must enroll in one of the five Medicare plans offered by the city. Your coverage will be effective on the first day of the month after your enrollment forms are received by the Benefits Division.

Q: Whom do I contact if I have a problem with billing, questions about what the plan covers, or claims and prescription concerns?

A: You should contact the plan in which you are enrolled at their customer-service phone number on the back of your insurance card.

Q: I'm in the Aetna Steerage PPO and live in the service area. How do I know if my doctors are in or out of network?

A: Go online at www.aetnamedicare.com to view a directory, or call 888-267-2637.

Q: If I am covered by a Medicare Advantage plan, and I will soon be moving out of state, will I be required to change to another Medicare Advantage plan?

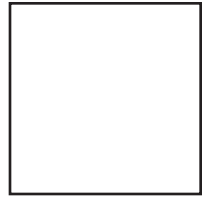
A: If you are in the HMO, you will be required to change to one of the plans that offers nationwide coverage – the Aetna Steerage PPO plan or Supplement Plan F. If you're already enrolled in one of these plans, you do not need to change.

Disclaimer: If a conflict exists between this enrollment guide and the official plan documents for each plan, the official plan documents will prevail. The City of Houston reserves the right to change, modify, increase or terminate any benefits.





City of Houston
Human Resources Department
611 Walker, 4-A
Houston, TX 77002



Contacts

For more information or to request a Medicare plan enrollment package from Aetna, KelseyCare, TexanPlus, Cigna HealthSpring, or UnitedHealthcare, call the customer-service numbers below.

aetnaSM

888-267-2637

Dedicated for COH membership
www.aetnamedicare.com

TexanPlus[®] HMO

A WellCare Company

866-556-4607 Enrollment

866-230-2513 Member Services

www.texanplus.com

 **UnitedHealthcare**[®]
Healing health care. Together.[™]

AARP

800-392-7537 Enrollment

800-523-5800 Member Services

Rx Plan

888-556-6648

www.uhcretiree.com

KelseyCare Advantage
★★★★★

713-442-9540 Member Services

713-442-5646 Sales

www.kelseycareadvantage.com/coh



Cigna

HealthSpring

888-281-7867

www.texashealthspring.com

Human Resources Benefits

(P) 832-393-6000 | (F) 832-395-9409

retireebenefits@houstontx.gov | www.houstonhumanresources.org